

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 15, 2003 8:00 am
Secretary of State

01-15-2003 90200 023 ****61.25

DOCUMENT # 740124

1. Entity Name

GFWC SANTA ROSA WOMAN'S CLUB INC.



Principal Place of Business

**PO BOX 423
GULF BREEZE FL 32562-0423
US**

Mailing Address

**PO BOX 423
GULF BREEZE FL 32562-0423
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1709451**

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GALLAGHER, MS. PRESLEY
3372 LAUREL DR.
GULF BREEZE FL 32561**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**1VPD
GINN, MARION
1607 GUAM LANE
GULF BREEZE FL 32563** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P/D ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**2VPD
BARRETT, KATHY
46 HIGHPOINT DR
GULF BREEZE FL 32561** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
1VP/D ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
PERRY, LENORE
1137 LIONSGATE LANE
GULF BREEZE FL 32563** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
MINEO, JUDITH
4681 SOUNDSIDE DR
GULF BREEZE FL 32563** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**2VP/D
MIKSCH, BARBARA
3 BREEZE STREET
GULF BREEZE FL 32561** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**RS
MINEHULL, MARY
819 BAY CLIFF RD
GULF BREEZE FL 32561** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**RS
JENKINS, ROSE
109 NAADINA ROAD
GULF BREEZE FL 32561** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
PFEIFFER, CAROLYN
4304 HICKORY SHORES BLVD
GULF BREEZE FL 32563** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T/D
SALLY D. STANFORD
1200 WILLOWOOD LANE
GULF BREEZE FL 32563** ☐ Change ☒ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SALLY D. STANFORD 1/10/03 850-932-2157

CR2E037 (10/02)